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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

N9300001386 (2)

KEY BISCAYNE 4TH OF JULY PARADE COMMITTEE, INC.

Principal Plac	ce of Business	Mailing Address	Mailing Address			A TREATINGE BY UNION FROM THE CONTROL BOTTLY BOTTLY BOTTLY BOTTLY STORY THOU HOWER BOXES BUSINESS.			
330 PALNWOOD LANE KEY BISCAYNE FL 33149		330 PALMWOOD LANE KEY BISCAYNE FL 33149-1817							
						3. Date Incorporated or Qualified 03/25/1993		le of Last I	
2. Principal Place of Business		2a. Mailing Address				4. FEI Number			pplied For
21		26				65-0402923			ot Applicable
Suite, Apt	: #, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional lequired
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be	
23		28			Trust Fund Contribution			to Fees	
Ζip	Country Zip 29 30		<u> </u>	Country		8. This corporation has liability for it		A	s. 199.032,
24	29	30			Florida Statutes				
	9. Name and Address of Curren	it negistered Agent	81	Ti	Name	10. Name and Addiess of New Met	liereien v	your	
YARNELL, EDWARD F			82	١.,	Street Addre	ss (P.O. Box Number is Not Acceptab	<u> </u>		
330 PALMWOOD LANE					oliteel Addio	as (1.0. box (40/100) is (40/ Acceptab		·	
KEY BIS	SCAYNE FL 33149		63	'					
			B4	1	City		FL	85 Zip	Code
						oration submits this statement for the p	urpose of		
office or agent. I	registered agent, or both, in the State am familiar with, and accept the obligi	eol Florida. Such change was ations of, Section 617,0503, F	authorized b Iorida Statute	y ti S.	ne corporation	on's board of directors. I hereby accep	t the appo	ointment a	s registered
SIGNATURE									
Signature: typed or printed name of registionid agent and title if applicable (NOTE				Registered Agent signature requestation 13.		d when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE EDD AND	DIBECTO	DC IN 12
12.	VPDT	D DIRECTORS DELETE	13. 1.1 TITLE		···	ADDITIONS/CHANGES TO OFFIC	EH2 AND	Change	Addition
NAME	YARNELL, JANE W		1.2 NAME		}				
STREET ADDRESS			1.3 STREE		DDRESS				
CITY-ST-2IP	KEY BISCAYNE FL 33149		1.4 CITY - 3	ST-	ZIP .				
TITLE	VPDS			2.1 TITLE				Change	Addition
NAME	BAILEY, DOROTHEA	AILEY, DOROTHEA		2.2 NAME					
STREET ADDRESS	338 W. HEATHER DRIVE		2 3 STREE	2 3 STREET ADDRESS					
CITY-ST-ZIP	KEY BISCAYNE FL 33149			2. 4 CITY-ST-ZIP				Change	Addition
TITLE	PD CTICVARY TIMOTHY D	☐ DELETE	3.1 TITLE		-			LI CHAIGE	CT MODITION
NAME STREET ADDRESS	STICKNEY, TIMOTHY P 285 WOODCREST ROAD		3.2 NAME 3.3 STREE		UDBESS				
CiTY-ST-ZIP	KEY BISCAYNE FL 33149		3.4. CITY-						
TITLE	VPD	DELETE	4.1 TITLE					Change	Addition
NAME	STONE, EDWARD H		4. 2 NAME	:	1				
STREET ADDRESS	145 HAMPTON LANE		4.3 STREE	T AI	DDRESS				
C:TY+ST+ZIP	KEY BISCAYNE FL 33149	AYNE FL 33149 4		4.4 CITY - ST - ZIP					
TITLE	VPD	DELETE	5.1 TITLE					Change	Addition Addition
NAME	RICE, MICHEAL C		5.2 NAME						
STREET ADDRESS	000 1100 110 110		5.3 STREE						
CITY-ST-ZIP TITLE	KEY BISCAYNE FL 33149	DELETE	5.4 CITY- 6.1 TITLE		ZIP			Change	Addition
NAME	DC YARNELL, EDWARD F	En peter	6.2 NAME					go	hand
STREET ADORESS	·		6.3 STREE		DORESS				

14. If do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

64 CITY-ST-ZIP

SIGNATURE

SIGNATURE AND TYPED OR PANTED HAILE OF SIGNING OFFICER OF DIRECTOR

JAN.11, 1997

(3/5) 23-2580 Daytime Phone * 0030684

FILED

Jan 23 1997 8:00am

Secretary of State